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FAX TRANSMISSION

То	USPTO
Examiner	Kahsay Habte
Fax Number	(571) 273-8300
From	Karen E. Brown
Date	December 8, 2005
Application No.	10/700,936
	Reply to Notice of Non-Compliant Amendment
Attorney Docket No.	VPI/02-123US
Total Pages	35

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

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Attorney Docket No.: VPI/02-123 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/700,936

Confirmation No.:

5983

Filing Date:

November 4, 20003

Examiner:

Kahsay Habte

Group Art Unit:

1624

Applicants:

Randy S. Bethiel et al.

For:

COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND

OTHER PROTEIN KINASES

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Transmitted on December 8, 2005.

Lisa M. Romano

Sissans M. KO

ignature

December 8, 2005 Cambridge, Massachusetts

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Notice of Non-Compliant Amendment [X] a copy of the Notice of Non-Compliant Amendment; [] Reply to Office Action; [] a Petition for Extension of Time; [] a substitute Specification; [] a Declaration; [] a Supplemental Declaration; [] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

Applicants: Randy S. Bethiel et al. Application No. 10/700,936

FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

REN AFT	LAINING ER	NUMBER PREVIOU	ISLY EX		RATE			NAL	
CLA	MS	_	* =	x	\$ 50	=	\$	0	
NDEI	NT	-	** =	x	\$200	<u>=</u>	\$	0	
RESE PLE D	INTATION O EPENDENT	OF A CLAIM		+	\$360	=	\$	·	
f less	than 20, inser than 3, insert	t 20. 3.	Т	OTAL			<u>\$</u>	0	
[] A check in the amount of \$ in payment of the filing fee is transmitted herewith.									
[]	fee. A duplicate copy of this transmittal letter is transmitted herewith.								
[X]	The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.								
	REN AFT AMO CLAD NDED RESE PLE D f less f less	RESENTATION OF PLE DEPENDENT f less than 20, insert f less than 3, insert A check in the herewith. Please charg fee. A dupli	REMAINING NUMBER AFTER PREVIOUS AMENDMENT PAID FOR CLAIMS	REMAINING NUMBER PRAFTER PREVIOUSLY EXAMENDMENT PAID FOR **= NDENT **= RESENTATION OF A PLE DEPENDENT CLAIM f less than 20, insert 20. f less than 3, insert 3. A check in the amount of \$ in payre herewith. Please charge \$ to Deposit Accounting the payre of this transmit. The Director is hereby suthorized to come the payre of the	REMAINING NUMBER PRESENT AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR **= X **= X ***= X ***ESENTATION OF A PLE DEPENDENT CLAIM + *** fless than 20, insert 20. *** fless than 3, insert 3. *** TOTAL *** TOTAL *** In payment of the herewith. *** Total Please charge \$ to Deposit Account No. 50-0 fee. A duplicate copy of this transmittal letter is *** The Director is hereby authorized to charge payment of the paym	REMAINING NUMBER PRESENT RATE AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR ** = X \$50 NDENT ** = X \$200 RESENTATION OF A PLE DEPENDENT CLAIM + \$360 fless than 20, insert 20. fless than 3, insert 3. A check in the amount of \$ in payment of the filling fee herewith. Please charge \$ to Deposit Account No. 50-0725 in payment of the filling fee. A duplicate copy of this transmittal letter is transmittal. The Director is hereby authorized to charge payment of all the payment of the filling fee.	REMAINING NUMBER PRESENT RATE AT AFTER PREVIOUSLY EXTRA AFTER PREVIOUSLY EXTRA *** = X \$50 = *** = X \$200 = *** = X \$200 = *** = X \$200 = *** = TOTAL fless than 20, insert 20. fless than 3, insert 3. A check in the amount of \$ in payment of the filling fee is transherewith. Please charge \$ to Deposit Account No. 50-0725 in payment fee. A duplicate copy of this transmittal letter is transmitted here The Director is bereby authorized to charge payment of any additional contents.	REMAINING NUMBER PRESENT RATE ADDITIONAL PRIOR PREVIOUSLY EXTRA FEES CLAIMS - *= X \$50 = \$ NDENT NDENT RESENTATION OF A PLE DEPENDENT CLAIM + \$360 = \$ fless than 20, insert 20. TOTAL fless than 3, insert 3. A check in the amount of \$ in payment of the filling fee is transmitted therewith. Please charge \$ to Deposit Account No. 50-0725 in payment of the fee. A duplicate copy of this transmittal letter is transmitted herewith.	REMAINING NUMBER PREVIOUSLY EXTRA AFTER PREVIOUSLY EXTRA CLAIMS - *= X \$50 = \$0 NDENT ***= X \$200 = \$0 RESENTATION OF A PLE DEPENDENT CLAIM - ***= TOTAL f less than 20, insert 20. f less than 3, insert 3. A check in the amount of \$ in payment of the filing fee is transmitted herewith. A check in the amount of \$ in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith. The Director is hereby authorized to charge payment of any additional filing fee in the paper(s)

Applicants: Randy S. Bethiel et al. Application No. 10/700,936

EXTENSION FEE

[]	The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third
	month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
[]	A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith.
[]	Please charge the extension fee in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

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MISCELLANEOUS FEES

rı	Please charge \$	to Deposit Account No. 50-072	5 in payment of the
LJ	for	(37 C.F.R. §).

Respectfully submitted,

Karen E. Brown, Reg. No. 43,866

Attorney for Applicants

Vertex Pharmaceuticals Incorporated

130 Waverly Street Cambridge, Massachusetts 02139

Tel: (617) 444-6168 Fax: (617) 444-6483 Customer No. 27916

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December 8, 2005 Cambridge, Massachusetts

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Applicants: Randy S. Bethiel et al. Application No. 10/700,936

FEE FOR ADDITIONAL CLAIMS

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- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

-	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUS PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEES
TOTAL	CLAIMS	-	* ==	X	\$ 50	=	\$ 0
INDEPI ÇLAIM	ENDENT S	_	**=	х	\$200	=	\$ 0
FIRST I	PRESENTATION C	OF A CLAIM		+	\$360	-	\$
	If less than 20, inser			TOTAL			<u>\$0</u>

- ** If less than 3, insert 3.
 - [] A check in the amount of \$__ in payment of the filing fee is transmitted herewith.
 - [] Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
 - [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Randy S. Bethiel et al. Application No. 10/700,936

EXTENSION FEE

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	1.136(a); [] \$450.00 extension fee for response within second fill pursuant
	month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00
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MISCELLANEOUS FEES

[]	Please charge \$for	to Deposit Account No. 50-0725 in payment of the (37 C.F.R. §).
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Respectfully submitted,

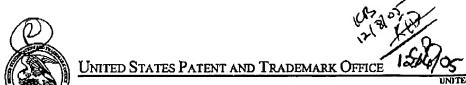
Karen E. Brown, Reg. No. 43,866

Attorney for Applicants

Vertex Pharmaceuticals Incorporated

130 Waverly Street Cambridge, Massachusetts 02139

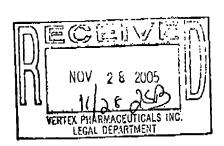
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UNITED STATES DEPARTMENT OF COMMERCY United States Patent and Trademark Office Address COMMISSIONER FOR PATENTS F.O. Bon 1430 Alexandris, Vignia 22313-1450

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/700,936	11/04/2003	Randy S. Bethiel	VPJ/02-123 US	5983
27916	7590 11/25/2005		MAXa	INER
	HARMACEUTICALS	INC.	HABTS, N	CAHSAY
130 WAVERI CAMBRIDGI	E, MA 02139-4242		ART UNIT	PAPER NUMBER
	•	NOTICE OF MY	1624 DATE MAILED: 11/25/200:	s
		NOTICE OF MARINA		

Please find below and/or attached an Office communication concerning this application or proceeding.



	Application No.	Applicant(s)
Notice of Non-Compliant	10/700,936	BETHIEL ET AL.
Amendment (37 CFR 1.121)	Examiner	Art Unit
Amenament (3) Of the 1.72-1/	Kahsay Habte, Ph. D.	1624
The MAILING DATE of this communication app	pears on the cover sheet with the c	
The amendment document filed on is considered 37 CFR 1.121. In order for the amendment document to	I non-compliant because it has fai be compliant, correction of the fo	led to meet the requirements of ollowing item(s) is required.
THE FOLLOWING MARKED (X) ITEM(S) CAUSE THE 1. Amendments to the specification: A. Amended paragraph(s) do not include B. New paragraph(s) should not be under C. Other	e markings.	BE NON-COMPLIANT:
 2. Abstract: A. Not presented on a separate sheet. 3 B. Other 	7 CFR 1.72.	
 3. Amendments to the drawings: A. The drawings are not properly identifing "Annotated Sheet" as required by 37 B. The practice of submitting proposed of showing amended figures, without many control of the c	CFR 1.121(d). Irawing correction has been elimi	nated. Replacement drawings
 ✓ 4. Amendments to the claims: A. A complete listing of all of the claims B. The listing of claims does not include C. Each claim has not been provided with of each claim cannot be identified. Note that the following of the following (Previously presented), (New), (Not expression of the claims of this amendment paper D. The claims of this amendment paper E. Other: See Continuation Sheet. D. The claims of this amendment paper D. The claims of this amendment paper	the text of all pending claims (inc th the proper status identifier, and lote: the status of every claim mu status identifiers: (Original), (Cur entered), (Withdrawn) and (Withdr	as such, the individual status st be indicated after its claim rently amended), (Canceled), rawn-currently amended).
For further explanation of the amendment format require		

Continuation Sheet (PTOL-324)

Application No. 10/700,936

Continuation of 4(e) Other. Claim 29 has no proper staus identifier and also there is problem with claim 12. Note that the methylenedioxy in claim 12 should not be underlined. Check all the claims for proper status identifier.